



Santa Rosa County Tourist Development Office
8543 Navarre Parkway
Navarre, FL 32566

Local Event/Marketing Application

Any organization requesting funding will be required to complete this form

Applicant Organization Lagerheads on the Gulf
Contact Person Scott Rayner Title Owner
Organization Address 8579 Gulf Blvd
City Navarre State FL Zip 32566 Phone (850) 255-7459
Email Address: ScottRayner1@yahoo Web Address: Lagerheads on the gulf. com
Cell (850) 710-3103 Organization IRS Status _____

Name of Event or Project: Southeastern Volleyball tour Championship
AND 3 AVP tour events
Has this project received grant funding from the SRC Tourist Development Council in the past? no

If yes, when and how much and what year? _____

If yes, what is the room history of the event? # of rooms _____ # of nights _____

2016/2017 Event Request Details

Location of Event or Project: Navarre Beach Pier
Date(s) of Event or Project: September 17-18
Detailed Explanation of the Project: 2 day tournament sponsored by
Volley America. All the local Pro come to play in this
Championship. As well as 3 AVP tour events. Times will
be determined at a later date.

Total Budget of Event: \$ 5,000.00 (\$1,000.00 + AVP \$4,000)
 (A budget with anticipated revenue and expenses is required upon submittal of application)

Amount Requested: \$ 1,000.00 this event + 4,000.00 next year

Intended use of Funds: Toilets, cooling station, signage, leachers

Match Provide by Organization

In-kind description: _____

Value of in-kind: \$ _____ Match dollars provided by your organization: \$ _____

In- Kind Definition – Make up of something other than money; (of payment) given in the form of goods or services and not money.

Projected Attendance: 300-400 + Projected Number of Out of Town Visitors: 150
100 players + families + spectators

What are the goals and objectives for this event for which you are applying for:

to increase the volleyball and active life style demographic in
Navarre Beach

Describe how the effectiveness of this event will be measured:

Turn out, return players, and word of mouth

How will the event/project benefit tourism in Santa Rosa County?

Hotel room bookings, restaurant local sales, and increase in tourism dollars

What are the demographics of your targeted attendees (i.e. families, professionals, youth, etc. plus other demographic information as available):

Young active adults age 16-25 male and female

Anticipated number of vendors: _____

Will you survey the participants to capture data: no

If no, how do you intended to collect data for reporting purpose: yes

Estimated Bed Tax CalculationEstimated Number of Visitor Rooms: 400

X

Estimated number of nights: 2

X

Estimated Room Rate per Night*: 118= 94,400X .05 = \$ 4,720
Estimated Total Bed Tax Generated

*Use the following estimated rental rates to calculate bed tax estimates

- Spring (March 1-Memorial Day): \$151 per night
- Summer (Memorial Day – Labor Day): \$188 per night
- Fall (Aug. 31 – Nov. 1): \$118 per night
- Winter (Nov. 1 – Mar. 1): \$95 per night

Estimated Sales Tax CalculationEstimated Number of Visitors: 650

X

Average Spending per out-of town visitor per day including transportation:

\$110

X

Estimated Number of Days In County: 3= 214,500X .065 = \$ 13,942
Estimated Total Sales Tax Generated**Total Potential Tax Impact**Total Estimated Bed Tax Generated (from calculation above): \$ 4,720Total Estimated Sales Tax Generated (from calculation above): \$ 13,942.50Total Estimated Tax: \$ 18,662.50

Describe how financial resources will be monitored

Have you applied for an event permit? no Are any licenses required? no

If so, list the required licenses and permits and attach copies to this application

Will you purchase event insurance? Yes / ☒ No Carrier Already covered current

Liability/Medical Insurance? Yes / ☒ No Carrier Insurance

Please list the Event's Lodging and non-Lodging partners:

Lodging Partners

Non-Lodging Partners

Best Western

~~Baker~~ Baker (Clark)

Hampton Inn

Estimated Budget

Projected Income

	CASH	IN-KIND	
Entry Fees (participants)	Ø		
Admissions (spectators)	Ø		
Sales (merchandise, etc.)	2,000		
Sponsorships	1,000		
Other	Ø		
Local Event Marketing Funding	TDC Ø		TOTAL INCOME
TOTAL	\$ 3,000	\$	\$ 3,000

Projected Expenses

	CASH	IN-KIND	
Contracted officials	1		
Operations			
Rentals/Equipment	950		
Food and Beverage	800		
Merchandise for Sale	200		
Souvenirs/Giveaways			
Print Marketing			
Online Marketing			
Television Marketing			
Radio Marketing			
Direct Mail Marketing			
Direct Sales Marketing			
Florida's Playground-Branded Promo Items/Prizes			
Site Fees			
Sanction Fees			
Concert/Performance Fees			
Other			TOTAL EXPENSES
TOTAL	\$ 1950	\$	\$ 1,950

* We are hosting the event, income and expenses are limited *

CERTIFICATION AND COMPLIANCE STATEMENT

APPLICANT:

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and that I have read the policies and requirements of the Santa Rosa County TDC grants program and will abide by all legal, financial and reporting requirements as a condition of receiving grant funds from the Santa Rosa County TDC. Signatures must be original in blue ink.

Name: Scott Rayner

Organization: Lagerheads


Signature

8-20-16
Date

Please return the original plus (4) four copies of the Application and the Certification & Compliance Page by **5 p.m. Tuesday, May 31, 2016** to:

Santa Rosa County Tourist Development Office
ATTN: Grants Program
8543 Navarre Parkway
Navarre, FL 32566

Application Check List

- ☐ Completed application (pages 4-9)
- ☐ Signed certification and compliance form (page 10)
- ☐ Copy of event license (if any)
- ☐ Copy of event permit (if any)
- ☐ Copy of event insurance (if any)
- ☐ Copy of liability insurance
- ☐ Anticipated budget, including detailed expenses and revenue
- ☐ Original and four copies of your complete application package (all items listed above)